

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/4/99
O.I.P.E. CLASSIFIER		25	10/07/99
FORMALITY REVIEW		65918	10-14-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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